



New Jersey Office of the Attorney General

Division of Consumer Affairs

New Jersey Board of Massage and Bodywork Therapy

124 Halsey Street, 6th Floor, P.O. Box 47032

Newark NJ 07102

(973) 504-6520

Re: Applicant's Name: _____

In N.J. Only
Supervising Faculty Member Certification

I, _____, am the supervising faculty member of Applicant
_____ at _____ (name and address
of school).

☐ I am licensed to practice massage and bodywork therapy in New Jersey and my license number is
_____.

Certification in Lieu of Affidavit:

I certify that the foregoing statements made by me are true and complete. I am aware that if any of the foregoing statements provided are willfully false, I am subject to punishment.

Date

Name of supervising faculty member